

## Warm Handoff Frequently Asked Questions (FAQs)

TOPIC	QUESTION	RESPONSE
DDAP	What is the time frame DDAP will be responding to questions?	DDAP is coordinating responses to send individually to the SCA that is asking the question and also developing an FAQ to be posted to DDAP's website. An individual response will be provided to the SCA within 1 week of submission to DDAP.
Survey Download	I was able to download it, but even though I closed, it is asking me for a username and password. Now what?	<p>Once you have the field application downloaded, the next step is to <b>close the field application</b> and <b>then click the survey form download link</b> provided in the email sent to the SCA Administrators on 4/30/2020.</p> <p>A new survey link will be sent to the SCA Administrators each month via email correspondence.</p> <p>Having the field application <b>closed</b> when you click that download link will allow you to bypass the request for a username and password and access the data entry form.</p>
WHO Survey Technology	The ArcGIS downloads require IT involvement. Many of our systems are blocked from downloading programs. Due to working remotely, this download will need to be on both the desktop and laptop. It will also require scheduling a time to with my county IT.	The SCA is to make every effort to complete the April survey in ArcGIS and work towards full compliance in subsequent surveys. If the SCA is unable to download the survey, they can contact the DA-Treatment resource account and their County Program Oversight Project Officer to inform them to determine next steps.
WHO Survey Technology	For the "incomplete" referrals, can/should there be a comment box for "other" reasons?	The explanation box will appear if the "Other" option is selected. Only the capacity option was selected to showcase the additional question requiring the count of capacity incompletes during the training.
WHO Survey Technology	In the section for hospital units other than the ED, there are not reasons for things like incomplete, refusals, or a section for drug of use. Did DDAP want to include these, or were they intentionally excluded?	The explanations for outside the ED outcomes will not be collected by DDAP at this time.

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<b>WHO Survey Technology</b>	Is it possible for us to get a document with all of the questions that we can work with in changing our reporting forms? The current document was likely copied as pictures from the survey site.	Please see download excel document titled <b>WHO Question Text - Excel</b> <a href="https://www.ddap.pa.gov/Documents/WarmHandOff/WHO%20Question%20Text%20-%20Excel.xlsx">https://www.ddap.pa.gov/Documents/WarmHandOff/WHO%20Question%20Text%20-%20Excel.xlsx</a>
<b>WHO Survey Data Entry</b>	Can more than 1 person report data for the same county?	The requirements of the Treatment and CMCS Manual indicate it is the SCA's responsibility to coordinate WHO within their county. The SCA is responsible for submitting WHO Survey data and would not include more than 1 agency reporting the data. An SCA should work with their project officer if they have any concerns regarding the submission of WHO data.
<b>Hospital Data</b>	Should a Behavioral Health Hospital be included for reporting WHO data?	The hospitals listed within the ArcGIS WHO Survey are based on hospitals with an ED and would not include behavioral health hospitals.
<b>Hospital Data</b>	Should Veterans Administration (VA) hospitals be included as part of the hospital survey data?	The VA hospitals would only be included if the SCA is providing Warm Handoff services at the VA hospital. The SCA should reach out to DDAP through the DA-Treatment Resource Account if a VA hospital needs to be added.
<b>WHO 24/7 Hospital Coverage</b>	The CMCSM indicates that WHO is to be offered 24/7. Our county has multiple hospitals. Is DDAP really going to require that we spend additional funds to expand this service to 24/7? Is this something that we can ask DDAP a waiver from?	The language is the same in the current Treatment Manual and was not changed as part of the Case Management Clinical Services (CMCS) Manual for the 2020-2025 Grant Agreement (GA). The SCA can work with their project officer from County Program Oversight regarding how services are provided when the SCA/contracted provider is not at the hospital and the type of warm handoff model that may be used.
<b>WHO Shifts</b>	The county provides WHO from 8:00 AM to Midnight, 7 days per week. There is no selection in the tool to record this accurately. Can the ArcGIS tool be revised to allow SCA's to identify their specific timeframes?	The SCA can select first and second shift and make a note in the comments section of the times the SCA or contracted provided from the county is at the hospital to provide a face to face warm handoff.
<b>COVID-19</b>	DDAP has specified face to face which our WHO typically provides. With COVID-19, most of our providers have moved to providing remote services. We assume that we can we count these remote services during this period?	Information was released by DDAP regarding WHO Survey COVID-19 Guidelines via email 5/1/2020 and is available on DDAP's website <a href="https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx">https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx</a> and includes information regarding how to report WHO data during COVID-19.

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<p><b>WHO Data Reporting</b></p>	<p>When will the new reporting start? Some providers are capturing WHO information in their electronic health records which will take time to change. If April data is expected, we will not have this new level of detail.</p>	<p>Reporting begins with the April WHO data and is due the end of May. DDAP will work with the SCA if they do not have all the data elements to meet the reporting requirements; however, it is the expectation the SCA will work towards having all the required data captured in subsequent surveys.</p>
<p><b>WHO Data Reporting</b></p>	<p>The changes to the collection tool to include all of the additional information requested is significant. Once completed, the tool requires validation. Can DDAP change this to reflect May or June data? SCAs will need time to redesign and validate their collection tools.</p>	<p>Changes to the WHO Survey were discussed with the SCAs previously and suggestions made by the SCAs surrounding data collection were incorporated into the survey. DDAP will work with the SCA if they are having difficulty meeting the reporting requirements. Please contact your project officer and the DA-Treatment Resource Account if you have any issues.</p>
<p><b>WHO Data Reporting</b></p>	<p>What is DDAP's direction on how we are reporting on DOC?</p>	<p>The WHO survey is to collect data regarding the substance(s) for which the individual has overdosed or been admitted to the hospital regardless of primary, secondary, tertiary. If the SCA or hospital is able to collect data of the substances as primary, secondary, and tertiary substances that resulted in the individual's overdose or admission to the hospital, the SCA should continue to do so. The WHO Survey allows for more than one substance to be reported if the individual was using more than one substance at the time of the OD or admission.</p> <p>Training Script:  <i>In those instances where an individual may present with polysubstance use across multiple categories, the SCA should count the encounter for all the relevant drug categories.</i>  <i>Individual drug category values must be less than or equal to the total number of WHO Encounters reported during the period, but the <u>sum of the values of the drug category responses may exceed the total number of WHO encounters because of polysubstance use reporting.</u></i></p>

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<p><b>WHO Referrals</b></p>	<p>What if a referral is incomplete from the ED because the person is admitted to the ICU and then a WHO is completed from the ICU to treatment?</p>	<p><del>Correct</del>, If the patient is first seen face to face in the ED and then transferred to another part of the hospital, the WHO in the ED would be counted as incomplete from the ED. If admission to treatment then occurs from an area of the hospital other than the ED after being admitted, the WHO would be counted as a referral to treatment.</p> <div style="border: 1px solid gray; padding: 5px; background-color: #f0f0f0;"> <p><b>Reasons for incomplete WHO referrals with this hospital ED *</b></p> <p>An incomplete is an encounter in which the individual is willing to be referred to SUD treatment (level of care, no transportation, admitted to the hospital, etc.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of transportation</li> <li><input type="checkbox"/> Lack of available treatment capacity</li> <li><input type="checkbox"/> Unavailable after hour admission</li> <li><input type="checkbox"/> Discharge from hospital ED prior to securing treatment admission</li> <li><input type="checkbox"/> Individual admitted to hospital</li> <li><input type="checkbox"/> The assessment needed to be completed in the assessor's office</li> <li><input type="checkbox"/> Other</li> </ul> </div>
<p><b>WHO Referrals</b></p>	<p>My understanding is that now WHO will be any patient we interface with while at the hospital. Is that right?</p>	<p>Yes, WHO can be conducted in any part of the hospital. The ArcGIS Survey will now track WHO data from the hospital ED and from areas of the hospital other than the ED</p>
<p><b>WHO Referrals</b></p>	<p>We frequently send people to a Psych facility that is Dual, is there ever a time when this should be counted?</p>	<p>If a face to face WHO occurred from a hospital to a dual diagnosis facility, then this would be counted as a referral to treatment.</p>
<p><b>WHO Referrals</b></p>	<p>If an individual declines inpatient treatment, but does accept OP treatment and is sent for a level of care assessment, does this count as treatment? We use a CRS model, and the CRS cannot conduct an ASAM assessment.</p>	<p>There are two possible answers to this question.</p> <ul style="list-style-type: none"> <li>○ First, if a face to face meeting occurred with an individual in the hospital and the individual refused inpatient treatment but immediately goes or is taken for an assessment, it would count as a referral.</li> <li>○ Second, if the face to face meeting occurred and the individual declines inpatient but is scheduled for an assessment that will occur on another day, the WHO encounter is counted as an incomplete. See below diagram.</li> </ul>

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<p><b>WHO Referrals</b></p>	<p>If an individual is inducted on Buprenorphine in the ED or given a home induction protocol and will be maintained by their PCP, does this count as direct treatment? Of course, we would encourage counseling, but some individuals choose a 12-step or other pathway. Again, it is our understanding that this is acceptable.</p>	<p>Yes, induction on medication assisted treatment counts as a referral to treatment.</p>
<p><b>WHO Referrals</b></p>	<p>If the CRS goes into the person's room, and the person refuses to talk with them, is this situation included in the report? Or is this not even counted as an encounter?</p>	<p>If a face to face was conducted and the individual refused to talk or refused a referral it would be reported as a refusal.</p>
<p><b>WHO Referrals</b></p>	<p>Is the new report to only include overdose survivors?</p>	<p>The SCA must, at a minimum, report overdose survivors in the monthly WHO Survey. If the SCA has the ability to report individuals who were admitted to the hospital for reasons other than an overdose where, substance use is revealed secondary to the diagnosis, the SCA can also report this information in the WHO Survey.</p>